

MORALES ANTONINO LOREDO T#79622
M.C.S.P. A#4 205 P.O. Box - 409020
TONE CA 95640 - 409020

FILED

JAN 31 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

CRB

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 MORALES ANTONIO LOREDO

11 Plaintiff,

12 vs.

14 Defendant.

CV 08 CASE NO. _____

10 0753

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

15 I, MORALES ANTONIO L., declare, under penalty of perjury that I am the
16 plaintiff in the above entitled case and that the information I offer throughout this application
17 is true and correct. I offer this application in support of my request to proceed without being
18 required to prepay the full amount of fees, costs or give security. I state that because of my
19 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
20 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No XX

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: NONE 0 Net: NONE 0

27 Employer: NONE 0

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 **NONE**

5 **NONE**

6 **NONE**

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes No **XX**
 10 self employment

11 b. Income from stocks, bonds, Yes No **XX**
 12 or royalties?

13 c. Rent payments? Yes No **XX**

14 d. Pensions, annuities, or Yes No **XX**
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes No **XX**
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 **NONE**

22 **NONE**

23 3. Are you married? Yes No **XX**

24 Spouse's Full Name: **NA**

25 Spouse's Place of Employment: **NA**

26 Spouse's Monthly Salary, Wages or Income: **NA**

27 Gross \$ **NONE 0** Net \$ **NONE 0**

28 4. a. List amount you contribute to your spouse's support: \$ **0**

NONE

NONE

7 | 5. Do you own or are you buying a home? Yes No XX

8 Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

9 6. Do you own an automobile? Yes No

10 Make NA Year NA Model NA

11 Is it financed? Yes No XX If so, Total due: \$ 0

12 Monthly Payment: \$ 0

13 7. Do you have a bank account? Yes No XX (Do not include account numbers.)

14 Name(s) and address(es) of bank: NONE

15 _____ **NONE**

16 Present balance(s): \$ 0

17 Do you own any cash? Yes No XX Amount: \$ 0

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes XX No _____

21 || 8. What are your monthly expenses?

22 Rent: \$ 0 Utilities: **NONE**

23 Food: \$ 0 Clothing: **NONE**

24 | Charge Accounts:

88 | P a g e

Name of Account	Monthly Payment	Total Owed on this Account
26 NONE	\$ 0	\$ 0
27 NONE	\$ 0	\$ 0
28 NONE	\$ 0	\$ 0

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 **NONE**

4 **NONE**

5
6 10. Does the complaint which you are seeking to file raise claims that have been presented
7 in other lawsuits? Yes No **XX**

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.

10 **NONE**

11 **NONE**

12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and
15 understand that a false statement herein may result in the dismissal of my claims.

16

17

1-23-08

DATE

antonio morelos

SIGNATURE OF APPLICANT

18

19

20

Case Number: _____

21

22

23

24

25

26

27

28

1 **CERTIFICATE OF FUNDS**

2 **IN**

3 **PRISONER'S ACCOUNT**

5 I certify that attached hereto is a true and correct copy of the prisoner's trust account
6 statement showing transactions of NONE for the last six months

7 at

8 **M.C.S.P. IONE CA**

[prisoner name]

9 _____ where (s)he is confined.

10 [name of institution]

11 I further certify that the average deposits each month to this prisoner's account for the
12 most recent 6-month period were \$ 0 and the average balance in the prisoner's
13 account each month for the most recent 6-month period was \$ 0.

14
15 Dated: _____

16 [Authorized officer of the institution]

17

18

19

20

21

22

23

24

25

26

27

28

CALIFORNIA DEPARTMENT OF CORRECTIONS
MULE CREEK STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 02, 2008

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

CURRENT HOLDS IN EFFECT				
DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/14/2007	H104	DAMAGES HOLD	IDCARD 993	5.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.00	0.00

CURRENT
AVAILABLE
BALANCE

5.00-

REPORT ID: TS3030 .701

REPORT DATE:
PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS
 MULE CREEK STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU JAN. 02, 2008

ACCOUNT NUMBER : T79622

BED/CELL NUMBER: A 0400000

ACCOUNT NAME : MORALES, ANTONIO LOREDO

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD A
09/14/2007	H104	DAMAGES HOLD	IDCARD 993	

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRAN TO E
0.00	0.00	0.00	0.00	5.00	

CL
AV/
B/

0205L

DUNT

00

ACTIONS
POSTED

0.00

RENT
LABLE
ANCE

5.00-



THIS IS MY CERTIFICATE THAT I HAVE MAILED A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY B. Parman
TRUST OFFICE